

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b)

ABELSON & TRUESDALE

By: Steven J. Abelson, Esq. (ID # SA7987)

80 West Main St.

Freehold, NJ 07728

(732) 462-4773

Attorney for Debtor

Case No.: 24-14587

Chapter: 13

In Re:

Adv. No.:

GARRETSON, DOMINICK & BARBARA

Hearing Date: 7/17/24

Judge: RG

CERTIFICATION OF SERVICE

1. I, Steven J. Abelson :

☒ represent Debtor in this matter.

☐ am the secretary/paralegal for _____, who represents
_____ in this matter.

☐ am the _____ in this case and am representing myself.

2. On 6/23/24, I sent a copy of the following pleadings and/or documents
to the parties listed in the chart below.

Motion to Continue and/or Reinstate Automatic Stay and Supporting Documents

3. I certify under penalty of perjury that the above documents were sent using the mode of service
indicated.

Date: 6/22/24

/s/ Steven J. Abelson
Signature

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Denise Carlon, Esq. KLM Law Group PC 701 Market Street Philadelphia, PA 19106	Atty for Secured Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input checked="" type="checkbox"/> Other NEF (As authorized by the Court or by rule. Cite the rule if applicable.)
Marie-Ann Greenberg 30 Two Bridges Road Suite 330 Fairfield, NJ 07004	Trustee	<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input checked="" type="checkbox"/> Other ECF (As authorized by the Court or by rule. Cite the rule if applicable.)
AIS Portfolio Services LLC Attn: Capital One Auto Finance Acct xxxxxxxx3366 4515 N. Santa Fe Ave, Dept APS Oklahoma City, OK 73118	Creditor req. Notice	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Attorney General of the United States Dept. of Justice Constitution Ave and 10th St. NW Washington, DC 20530	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
BCA Financial Services PO BOX 1037 Bloomfield, NJ 07003	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Capital One Bankruptcy Dept. PO BOX 30273 Salt Lake City, UT 84130	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Capital One Auto Finance PO BOX 260848 Plano, TX 75026	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Cardiology Center of NJ 32 Chelsea Drive Livingston, NJ 07039	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Celentano, Stadtmauer & Walentowicz Notchview Office Park 1035 Route 46 East PO BOX 2594 Clifton, NJ 07015	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Clara Maass Medical Center 1 Clara Maass Drive Belleville, NJ 07109	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
<p>Ford Motor Credit Bankruptcy Service Center PO BOX 6275 Dearborn, MI 48121</p> <p>Attn: Officer, Director, Managing Agent or Other Individual Authorized to Accept Service of Process</p>	Creditor	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/RR</p> <p><input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)</p>
<p>Hackensack U Medical Center PO BOX 48027 Newark, NJ 07101</p> <p>Attn: Officer, Director, Managing Agent or Other Individual Authorized to Accept Service of Process</p>	Creditor	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/RR</p> <p><input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)</p>
<p>IC Systems PO BOX 64378 Saint Paul, MN 55164</p> <p>Attn: Officer, Director, Managing Agent or Other Individual Authorized to Accept Service of Process</p>	Creditor	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/RR</p> <p><input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)</p>
<p>JPMCB Card Services 301 N, Walnut St. Floor 09 Wilmington, DE 19801</p> <p>Attn: Officer, Director, Managing Agent or Other Individual Authorized to Accept Service of Process</p>	Creditor	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/RR</p> <p><input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)</p>
<p>Kohls PO BOX 3043 Milwaukee, WI 53201</p> <p>Attn: Officer, Director, Managing Agent or Other Individual Authorized to Accept Service of Process</p>	Creditor	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/RR</p> <p><input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)</p>

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
<p>Med Labs Diagnostics 85 Horsehill Road Cedar Knolls, NJ 07929</p> <p>Attn: Officer, Director, Managing Agent or Other Individual Authorized to Accept Service of Process</p>	Creditor	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/RR</p> <p><input type="checkbox"/> Other _____ (As authorized by the Court or by rule, Cite the rule if applicable.)</p>
<p>Midland Mortgage PO BOX 268806 Oklahoma City, OK 73126</p> <p>Attn: Officer, Director, Managing Agent or Other Individual Authorized to Accept Service of Process</p>	Creditor	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/RR</p> <p><input type="checkbox"/> Other _____ (As authorized by the Court or by rule, Cite the rule if applicable.)</p>
<p>Music Arts Centers c/o Transworld Systems 507 Prudential Road Horsham, PA 19044</p> <p>Attn: Officer, Director, Managing Agent or Other Individual Authorized to Accept Service of Process</p>	Creditor	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/RR</p> <p><input type="checkbox"/> Other _____ (As authorized by the Court or by rule, Cite the rule if applicable.)</p>
<p>NJ Healthcare Specialists PO BOX 417191 Boston, MA 02241</p> <p>Attn: Officer, Director, Managing Agent or Other Individual Authorized to Accept Service of Process</p>	Creditor	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/RR</p> <p><input type="checkbox"/> Other _____ (As authorized by the Court or by rule, Cite the rule if applicable.)</p>
<p>Portfolio Recovery 120 Corporate Blvd, Ste 100 Norfolk, VA 23502</p> <p>Attn: Officer, Director, Managing Agent or Other Individual Authorized to Accept Service of Process</p>	Creditor	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/RR</p> <p><input type="checkbox"/> Other _____ (As authorized by the Court or by rule, Cite the rule if applicable.)</p>

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
<p>Pressler & Pressler 7 Entin Road Parsippany, NJ 07054</p> <p>Attn: Officer, Director, Managing Agent or Other Individual Authorized to Accept Service of Process</p>	Creditor	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/RR</p> <p><input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)</p>
<p>Senex Services 333 Founders Road, 2nd FL Indianapolis, IN 46268</p> <p>Attn: Officer, Director, Managing Agent or Other Individual Authorized to Accept Service of Process</p>	Creditor	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/RR</p> <p><input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)</p>
<p>Star Island Resort Club c/o Pinnacle Credit Services PO BOX 640 Hopkins, MN 55343</p> <p>Attn: Officer, Director, Managing Agent or Other Individual Authorized to Accept Service of Process</p>	Creditor	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/RR</p> <p><input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)</p>
<p>US Department of HUD 451 th Street SW Washington, DC 20410</p> <p>Attn: Officer, Director, Managing Agent or Other Individual Authorized to Accept Service of Process</p>	Creditor	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/RR</p> <p><input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)</p>
<p>Verizon Wireless PO BOX 4001 Acworth, GA 30101</p> <p>Attn: Officer, Director, Managing Agent or Other Individual Authorized to Accept Service of Process</p>	Creditor	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/RR</p> <p><input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)</p>

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Ashley Funding Services, LLC Resurgent Capital Services PO Box 10587 Greenville, SC 29603-0587 Attn: Officer, Director, Managing Agent or Other Individual Authorized to Accept Service of Process	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
MidFirst Bank 999 NorthWest Grand Boulevard Oklahoma City, OK 73118 Attn: Officer, Director, Managing Agent or Other Individual Authorized to Accept Service of Process	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)